## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

May 21 1998 8:00am PROFIT -FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** Technicians INC Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 7-19-1996 26. Mailing Address 26. 15102 Penning ton Rd. Suite, Apt. #, etc. 4. FEI Number 2. Principal Place of Business Applied For 15102 Pennington Rd. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Hillsb 8. This corporation owes or has paid the current year Intangible HIISb | 29 | DOWN Address of Current Registered Agent ☐ No Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Alexander L. CANO III Street Address (P.O. Box Number is Not Acceptable) 82 15102 Perunington Ed. 83 TAMPA, Fla 33624 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME 1.2 NAME Mexander L. Cano III 1.3 STREET ADDRESS STREET ADDRESS 102 Levininated Eg 1.4 C/TY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DE DELETE Michelle B. CAND 3 1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 18924 Henson Cie 3 4. C/TY - ST - ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change 20000253257 6.2 NAME NAME -05/22/98--01010--030

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered presecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

\*\*\*150.00

FILED